

THE SALON PROFESSIONAL ACADEMY ENROLLMENT APPLICATION

90 K St NE, Suite 103, Washington D.C. 20002

website: www.tspadc.com

phone: 202-216-9700

email: admissions@tspadc.com

ALL COURSES ARE TAUGHT IN ENGLISH.

HOW TO APPLY

1. Complete this application and return it to The Academy Admissions office via email, mail, or in person.
2. Have your high school and post-high school transcripts sent to The Academy address above.
3. Contact us to schedule an admissions interview meeting. During the meeting information concerning curriculum books and kit, apparel code, and available payment plans will be shared.

GENERAL INFORMATION Please print.

Course of study: Cosmetology Esthetics

Name First Middle Last

Address City State Zip

Cell Phone () Home Phone () Email

Citizenship U.S. Other Veteran? Yes No

List health conditions and allergies

Person to Notify in Case of Emergency:

Name Relation to Student

Address City State Zip

Cell Phone () Home Phone () Work Phone ()

Parent Contact Information:

Name

Address City State Zip

Cell Phone () Home Phone () Work Phone ()

Parent Contact Information:

Name

Address City State Zip

Cell Phone () Home Phone () Work Phone ()

Contact for Personal Reference:

Name Relation to Student

Address City State Zip

Cell Phone () Home Phone () Email

EDUCATION

The Academy requires a high school diploma or G.E.D.

High School _____ City _____ State _____

Year Graduated _____ Grade Average _____

List all training/college attended since high school. Add additional pages as needed.

School _____ City _____ State _____

Major _____ Year Graduated _____ Grade Average _____ Honors _____

EMPLOYMENT HISTORY Add additional pages as needed.

Employer _____

Address _____ Phone (____) _____

Position _____ Start Date _____ End Date _____ Salary _____

Employer _____

Address _____ Phone (____) _____

Position _____ Start Date _____ End Date _____ Salary _____

QUESTIONS

How did you hear about The Academy? _____

When did you first become interested in this career? _____

When would you like to start?

Cosmetology: Month _____ Year _____

Esthetics: Month _____ Year _____

Do you wish to be employed right after graduation?

Full-time Part-time

Have you ever been convicted of a felony? Yes No

May we text message you in the event of an emergency situation? Yes No

(I understand I have the ability to opt out of any text messaging by notifying the admissions office of my request.)

I certify that all statements made in this application are true and complete.

Signature _____ Date _____